

The Role of Family Physicians in North Carolina's Healthcare Workforce: Issues & Solutions

Gregory K. Griggs, MPA, CAE,
Executive Vice President & CEO
NC Academy of Family Physicians



NORTH CAROLINA ACADEMY OF
FAMILY PHYSICIANS

Goals for Today

- Discuss the important role of family physicians.
- Discuss issues leading to workforce shortages in our state.
- Learn about the economic issues facing rural healthcare.
- Discuss some possible solutions for the Legislature to consider.

Spoiler Alert

- It's an ECONOMIC Issue with geographic and specialty implications.
- But there are SOLUTIONS.
- It's ACHIEVABLE.
- But it will take prioritizing a SUSTAINED effort.

About the NCAFP

- The largest medical specialty in the state.
- NCAFP has over 4,300 members (includes practicing physicians, residents in training, medical students and some retirees).
- **Mission:** To improve the lives and professional environment of current and FUTURE family physicians so they can provide exceptional care to their patients and communities.

What is Family Medicine

- Family medicine is the medical specialty which provides continuing, comprehensive health care for the individual and family. It is a specialty in breadth that integrates the biological, clinical and behavioral sciences. The scope of family medicine encompasses all ages, all genders, each organ system and every disease entity.
- Family medicine requires four years of medical school and at least three years of residency training (over 15,000 hours of clinical training).
- Family physicians deal with complex diagnoses, individuals with multiple chronic diseases, prevention, as well as routine care and follow up.

Why Primary Care?

In areas of the country where there are more primary care providers per person,



death rates for cancer, heart disease, and stroke are lower and people are less likely to be hospitalized.^{1,3}



U.S. adults who have a primary care physician have

33 percent lower health care costs.¹

Medicare spending is less for states with more primary care physicians and yet these states have more effective, higher-quality care.⁶



An increase of **one primary care doctor per 10,000 people** can decrease costly and unnecessary care.⁵

- Outpatient visits 5.0%
- Inpatient admissions 5.5%
- ER visits 10.9%
- Surgeries 7.2%

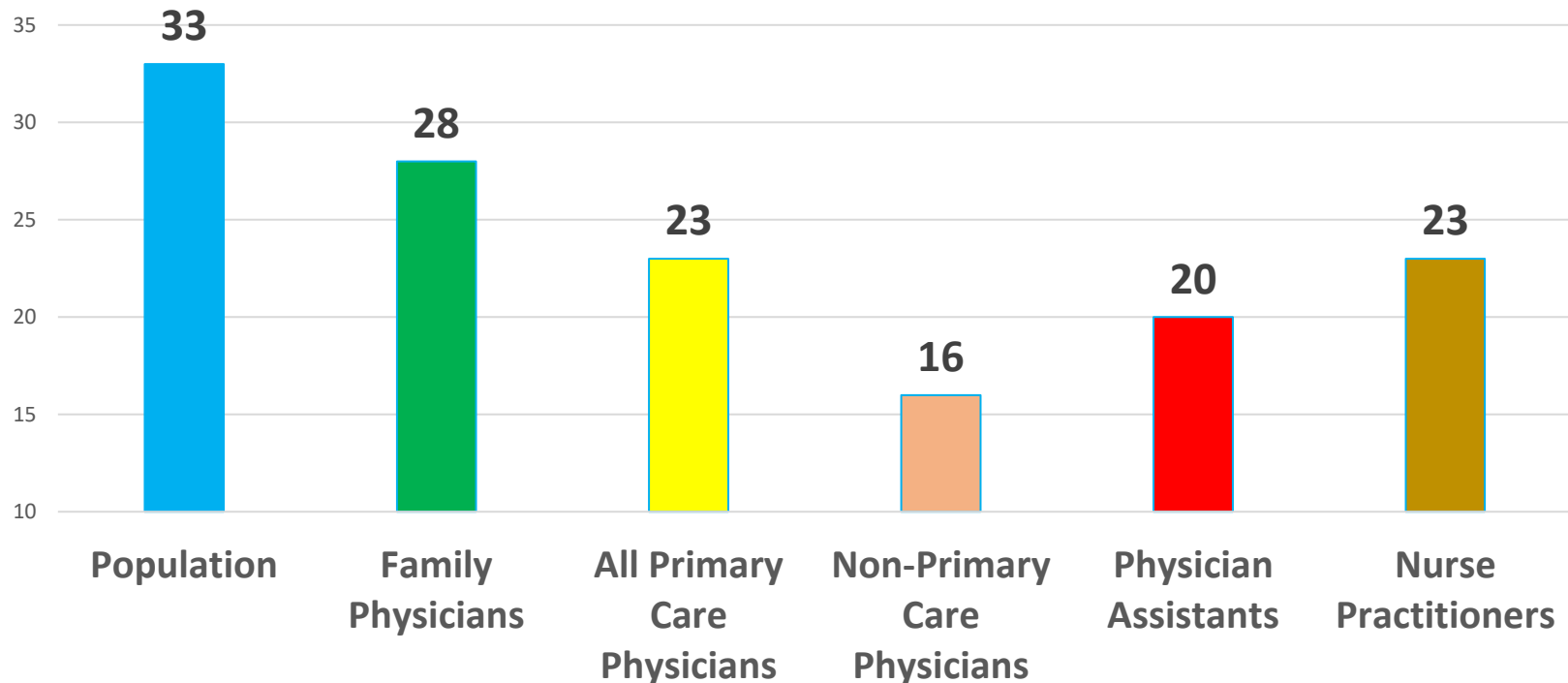
Evidence also shows that **primary care (in contrast to specialty care) is associated with a more equitable distribution of health in populations**, a finding that holds in both cross-national and within-national studies.²

Family Medicine is the Most Geographically Dispersed Specialty in the State

- Only 3 (NCAFP data) or 4 (Sheps Center data) counties in North Carolina do not have a family physician.
- In comparison, 19 counties have no pediatrician, and 25 counties have no OB/GYN (Sheps Center). It only gets worse with other sub-specialty physicians.
- There are only 2 counties (Gates and Tyrrell) with no primary care physician at all.

More Family Physicians Practice in Rural Areas than Any Other Specialty

Percent in Rural Counties



Understanding Primary Care Health Professional Shortage Areas

- Three Types of HPSAs
 - Geographic
 - Population
 - Facility
- Based on Health Professional Shortage Data, there is a need for about 400 more primary care providers (not just family physicians) to remove ALL primary care HPSA designations in North Carolina.
- This is an obtainable goal, but.....

Less Insurance = Fewer Physicians

	10 counties with lowest % of uninsured <u>adults</u>	10 counties with highest % uninsured <u>adults</u>
Average rate of uninsured adults	13.25%	22.82%
Average # Primary Care Providers per 10,000 Residents	7.09	4.68

Other Economic Barriers

- On average, healthcare professionals in primary care earn over 50 percent less than their sub-specialty colleagues. And some subspecialty salaries are as much as 300 percent higher than primary care.
- Family medicine, pediatric and psychiatric specialties that are most needed in rural NC, are among the lowest paid medical specialties.
- However, their debt burden is the same.

Debt Burden

- The average medical school graduate now owes well over \$200,000 in student loans alone, ultimately paying \$400,000 or more when you add in interest.
- In the last 40 years, that debt burden has grown almost 400%, even when adjusted for inflation.
- 45% of medical school students cite their ability to pay off debt as a primary concern. This impacts specialty choice and practice location.
- The debt burden of other healthcare professionals is also growing.

Factors Impacting Specialty Choice and Practice Location

- Debt Level
- Rural Background
- Early Clinical Exposure to Rural Practice/Rural Focused Curriculum
- Spouse Satisfaction
- Spouse Likelihood of Employment
- Financial Incentives

Comprehensive/Sustained Approach

- Contact at each point in the pipeline
- Recruiting students from rural areas
- Barriers to health professional school
- Community Teaching Programs
- Debt burden
- Supporting them in the community

No One Solution – But Many Opportunities

- AHEC – Workforce for Health
- Class Expansion, but tie public dollars to outcomes
- Up Front Scholarships Beyond Existing Loan Repayment Programs
 - Rural Scholars Program (Similar to Teaching Fellows)
- More Rural Teaching Sites
 - Incentivize Practicing Doctors to Teach
 - Tax Credit (At least 5 states have done it)
 - Rural Interprofessional Training Sites

Reminder:

- We have an Economic Problem.
- That requires making investments.
 - Coverage Expansion
 - Incentivize the right specialty choice and the right practice locations
- Get the right students training in the right places.
 - Rural student selection
 - Rural training sites
- Sustained focus.

Contact Information

- NCAFP
- 2501 Blue Ridge Road, Suite 120
- Raleigh, NC 27607
- (919) (Office)
- (919) 417-6692 (Mobile)
- ggriggs@ncafp.com
- Ken Melton & Associates
 - Ken Melton, Stephen Kouba, Andy Chase

Sources:

- Slide 6

- The Commonwealth Fund, “Health Reform & You - Primary Care: Our First Line of Defense.” 12 June 2013. Available at http://www.commonwealthfund.org/~media/files/publications/health-reform-and-you/health-reform_primary-care_612.pdf.
- Starfield, B., L. Shi, and J. Macinko. “Contribution of Primary Care to Health Systems and Health.” *The Milbank Quarterly*. 2005. Vol. 83, No. 3. (pp. 457-502). Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/>.
- Macinko, J., B. Starfield, and L. Shi. “Quantifying the Health Benefits of Primary Care Physicians Supply in the United States.” *International Journal of Health Services Research*. 2007. Vol. 37, No. 1. (pp. 111-126). Available at http://www.jhsph.edu/sebin/m/n/2007_IJHS_Macinko.pdf.
- Baicker, K., and A. Chandra. “Medicare spending, the physician workforce, and beneficiaries’ quality of care.” *Health Affairs*. 7 April 2004. Available at <http://content.healthaffairs.org/content/early/2004/04/07/hlthaff.w4.184.full.pdf+html>.
- Alex Kacik, Underfunding Linked to Americans’ lower primary care access, Modern Healthcare, March 15, 2022

Sources

- Slide 7

- Cecil G. Sheps Center for Health Professionals Workforce, University of North Carolina
- NC Academy of Family Physicians Membership Database.

- Slide 8

- Cecil G. Sheps Center for Health Professionals Workforce, University of North Carolina
- NC Department of Health and Human Services, Office of Rural Health, NC Rural and Urban Counties 2019.

- Slide 9

- Data.HRSA.gov – Health Professional Shortage Area Find Tool
- Kaiser Family Foundation, State Health Facts, Primary Care Health Professional Shortage Areas

- Slide 10

- NC Institute of Medicine NC County Health Data
- Cecil G. Sheps Center for Health Professionals Workforce, University of North Carolina
- Data comparison completed by Morgan Carnes, 4th Year Medical Student, Wake Forest University School of Medicine

Sources

- Slide 11

- Medscape Average Annual Physician Compensation Report
- Kaplan, Average Doctor Salaries by Specialty.
- Doximity, 2021 Physician Compensation Report

- Slide 12

- Hanson, Melanie. “Average Medical School Debt” EducationData.org, December 9, 2021, <https://educationdata.org/average-medical-school-debt>
- Pisaniello, Monique Simone, et al; “Effect of Medical Student Debt on Mental Health, Academic Performance and Specialty Choice, A Systemic Review, BMJ Open

- Slide 13

- Asghari, S., et al (2020). A systematic review of reviews: Recruitment and retention of rural family physicians. *Canadian Journal of Rural Medicine : The Official Journal of the Society of Rural Physicians of Canada*, 25(1), 20–30.
- Goodfellow A, Ulloa JG, Dowling PT, Talamantes E, Chheda S, Bone C, et al. Predictors of primary care physician practice location in underserved urban or rural areas in the United States: A Systematic literature review. *Acad Med* 2016;91:1313-21.